

<i>SERFF Tracking Number:</i>	<i>VLIC-126748528</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>VantisLife Insurance Company</i>	<i>State Tracking Number:</i>	<i>46378</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>E-APP</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: VantisLife Insurance Company

Product Name: E-APP

TOI: L04I Individual Life - Term

SERFF Tr Num: VLIC-126748528

State: Arkansas

SERFF Status: Closed-Approved-Closed

State Tr Num: 46378

Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Authors: Lisa Conti, Gail Aziz

Reviewer(s): Linda Bird

Date Submitted: 08/02/2010

Disposition Date: 08/05/2010

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/05/2010

Explanation for Other Group Market Type:

State Status Changed: 08/05/2010

Deemer Date:

Created By: Lisa Conti

Submitted By: Lisa Conti

Corresponding Filing Tracking Number:

Filing Description:

Form CMP 6004-C is an individual Term Life application used to apply for the Company's Simplified Issue Term Life Insurance Policy when no agent is involved in the sale.

The application will be used by the Company either through paper or electronic format depending upon the sales channel being utilized by the customer. The questions answered by the applicant will be the same regardless of whether the application is completed in paper or electronic format. Please see the Consumer E-Application Process document attached hereto for additional information regarding the Company's procedures.

<i>SERFF Tracking Number:</i>	<i>VLIC-126748528</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>VantisLife Insurance Company</i>	<i>State Tracking Number:</i>	<i>46378</i>
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<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>E-APP</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Company and Contact

### Filing Contact Information

Lisa Conti, Compliance Specialist  
200 Day Hill Rd  
Windsor, CT 06095

lconti@vantislife.com  
860-298-5448 [Phone]  
860-298-5479 [FAX]

### Filing Company Information

VantisLife Insurance Company  
200 Day Hill Road  
Windsor, CT 06095  
(860) 298-6008 ext. [Phone]  
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CoCode: 68632  
Group Code:  
Group Name:  
FEIN Number: 06-0523876

State of Domicile: Connecticut  
Company Type:  
State ID Number:

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form x 1 form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
VantisLife Insurance Company	\$50.00	08/02/2010	38464169

SERFF Tracking Number: VLIC-126748528

State: Arkansas

Filing Company: VantisLife Insurance Company

State Tracking Number: 46378

Company Tracking Number:

TOI: L04I Individual Life - Term

Sub-TOI: L04I.213 Specified Age or Duration -

Fixed/Indeterminate Premium - Single Life

Product Name: E-APP

Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/05/2010	08/05/2010

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Fraud Notice	Lisa Conti	08/03/2010	08/03/2010

*SERFF Tracking Number:*      *VLIC-126748528*

*State:*      *Arkansas*

*Filing Company:*      *Vantislife Insurance Company*

*State Tracking Number:*      *46378*

*Company Tracking Number:*

*TOI:*      *L04I Individual Life - Term*

*Sub-TOI:*      *L04I.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life*

*Product Name:*      *E-APP*

*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 08/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: VLIC-126748528 State: Arkansas

Filing Company: VantisLife Insurance Company State Tracking Number: 46378

Company Tracking Number:

TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: E-APP

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Electronic Application Process		Yes
Supporting Document	Sample Policy		Yes
Supporting Document	Fraud Notice		Yes
Form	Application		Yes

*SERFF Tracking Number:* VLIC-126748528

*State:* Arkansas

*Filing Company:* VantisLife Insurance Company

*State Tracking Number:* 46378

*Company Tracking Number:*

*TOI:* L04I Individual Life - Term

*Sub-TOI:* L04I.213 Specified Age or Duration -

*Fixed/Indeterminate Premium - Single Life*

*Product Name:* E-APP

*Project Name/Number:* /

## **Amendment Letter**

**Submitted Date:** 08/03/2010

### **Comments:**

copy of previously approved fraud notice used with application attached

### **Changed Items:**

### **Supporting Document Schedule Item Changes:**

### **User Added -Name: Fraud Notice**

Comment: sample copy of previously approved Fraud Notice that will be attached to and made part of the application

Fraud Language June 2010.pdf

SERFF Tracking Number: VLIC-126748528 State: Arkansas

Filing Company: VantisLife Insurance Company State Tracking Number: 46378

Company Tracking Number:

TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: E-APP

Project Name/Number: /

## Form Schedule

Lead Form Number: CMP 6004-

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	CMP 6004-C	Application/ Enrollment Form	Initial		57.600	VAN12836SE Z - CMP6004C.pdf

Company Use Only

Policy No.	<input type="checkbox"/> APP <input type="checkbox"/> DEC <input type="checkbox"/> W/D <input type="checkbox"/> PP	UND. _____ Date
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### ♦ PROPOSED INSURED INFORMATION

First Name	Middle Initial	Last Name
Date of Birth	Place of Birth (State)	Sex Height Weight
Occupation	Social Security #:	
U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO If "No" indicate country:		
Do you hold a Green Card? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Home Address (Number, Street, and Apt. #)		
City	State	Zip
Home Phone ( )	Business Phone ( )	Email

### ♦ OWNER

(IF DIFFERENT THAN PROPOSED INSURED)

Owner's First Name	Middle Initial	Last Name
Owner's Relationship to Proposed Insured		
Owner's Address (Number, Street, and Apt#)		
City	State	Zip
Owner's Social Security #:		
Home Phone ( )	Business Phone ( )	Email

### ♦ BENEFICIARY (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)

Primary Name	Address	
Relationship to Insured	Date of Birth	Social Security #:
Contingent Name	Address	
Relationship to Insured	Date of Birth	Social Security #:

### ♦ PLAN CHOICE(S) COVERAGE LIMITS COVERAGE REQUEST

<input type="checkbox"/> 10 Year Level Term	\$25,000 - [\$300,000]	\$ _____
<input type="checkbox"/> 15 Year Level Term	\$25,000 - [\$300,000]	\$ _____
<input type="checkbox"/> 20 Year Level Term	\$25,000 - [\$300,000]	\$ _____
*Total		\$ _____

\*Note: [\$300,000] Maximum coverage limit per insured for combined plan choices.

### ♦ PREMIUM PAYMENT SCHEDULE

☐ Annually ☐ Semi-Annually  
☐ Quarterly  
☐ Monthly (Electronic Fund Transfer Only)  
☐ Check here if you wish to pay electronically  
 (Complete Premium Payment Charge Authorization Form)  
 Premium Paid \$ \_\_\_\_\_

### ♦ INSURANCE INFORMATION

1) In the last 5 years, have you been diagnosed or been treated by a physician or other licensed practitioner, or been hospitalized for, any of the following: (If yes, provide details in 8 and 9.) Heart or circulatory disorder, seizure, stroke, hypertension, kidney disorder, liver, blood, pulmonary, nervous or digestive systems, diabetes, cancer or tumor brain or mental disorder, disease or enlargement of the lymph nodes, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), drug or alcohol abuse? ..... ☐ Yes ☐ No

2) Have you ever had a positive result on an HIV test? (If yes, provide details in 8 and 9.) ..... ☐ Yes ☐ No

3) Within the last three years have you engaged in or in the next two years do you contemplate engaging in: skydiving; scuba diving or scuba diving; motorcycle or auto racing; or hang gliding? ..... ☐ Yes ☐ No

4) Have you used tobacco in any form in the past 12 months? ..... ☐ Yes ☐ No

5) Have you had life insurance declined, modified, cancelled or been refused issue renewal or reinstatement? (If "Yes", provide details in 8.) ..... ☐ Yes ☐ No

6) Is there existing life insurance or annuity contracts in force on the Proposed Insured? (If "Yes", submit state required form.) ..... ☐ Yes ☐ No

7) Is the insurance applied for to replace or change any life insurance or annuity contracts in this or another company? (If "Yes", submit state required form.) ..... ☐ Yes ☐ No



## ♦ INSURANCE INFORMATION (CONTINUED)

8) Give details as required to questions 1, 2 & 5. (Attach separate sheet if more space is required.)

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9a.) Name of Physician: (If none, state "none" here)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

9b.) Date last consulted? \_\_\_\_\_ Reason consulted? \_\_\_\_\_

9c.) Was any treatment given or medication prescribed? (If yes, give details.) ☐ Yes ☐ No \_\_\_\_\_

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## ♦ DISCLOSURE

I represent to the best of my knowledge and belief that the answers and statements in this application consisting of all parts, and any amendments, are true, complete and correctly recorded. I acknowledge that the Vantis Life Insurance Company will rely on these answers and statements in determining whether, and on what terms, to issue a policy. I understand if any answers and/or statements are false, incomplete or incorrectly recorded, any policy issued may be void. I agree any policy based on this application shall not take effect unless and until: a) the policy is issued during the lifetime of the Proposed Insured and, b) the first full premium is received by the Company during the lifetime of the Proposed Insured.

Insurance products offered by Vantis Life are:

- ♦NOT deposits
- ♦NOT insured by the FDIC/NCUA or any other federal government agency
- ♦NOT obligations of, nor guaranteed by any bank or credit union.

## ♦ AUTHORIZATION TO RELEASE INFORMATION

I authorize the following persons and/or institutions that have any records or knowledge of me, my employment, and my health to give any such information to Vantis Life or its reinsurers, or any physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau, or any similar organization, institution or person. I understand that the information released to Vantis Life or its reinsurers will be used to determine my eligibility for the insurance requested. Vantis Life may re-disclose such information for that purpose to any reinsurer, and to any person or entity performing a business or legal function for the benefit of Vantis Life. This information may also be re-disclosed as otherwise specifically permitted or required by law. This authorization extends to and includes any information relating to alcohol or drug abuse, tobacco use history or mental health care. This authorization or photocopies of it will be valid for two years following the date signed, unless otherwise required by law. The information released to Vantis Life will not be given, sold or transferred to any other person not mentioned above. I understand that I or my authorized representative is entitled to a photocopy of this authorization upon request.

Date

X

Legal Signature of Owner If Other Than Proposed Insured

X

Legal Signature of Proposed Insured

Signed at:

City

State

✦ **IMPORTANT NOTICE TO APPLICANT - KEEP FOR YOUR RECORDS**

**Medical Information Bureau:** Information you provide will be treated as confidential except that Vantis Life Insurance Company may make a brief report thereon to the Medical Information Bureau, a nonprofit membership organization of insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance coverage or to which a claim is submitted, the Medical Information Bureau will supply such company with the information it may have in its files. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). Vantis Life Insurance Company or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office: 50 Braintree Hill Park, Suite 400, Braintree, MA 02184.

**Fair Credit Reporting Act:** As part of our normal procedure, an investigative consumer report may be made whereby information is obtained through personal interviews with third parties such as family members, business associates, friends, financial sources, neighbors, or others with whom you are acquainted. Such an inquiry typically may include information as to character, general reputation, personal characteristics and mode of living of the person to be insured. You have the right under the law to receive on your written request, disclosures of the nature and the scope of any investigative consumer report.

**Supplementary Notice of Information Practices:** Vantis Life may need to obtain data about you prior to issuance of insurance. Some data will be obtained from you and some from other sources. That data and any data that is collected at a later date, may in some cases be disclosed to third parties without your specific consent. You have the right to access and correction to data received about you, but data about a civil or criminal proceeding is expected. If you would like a more detailed explanation of our information practices, please contact: Underwriting Department, Vantis Life Insurance Company, 200 Day Hill Road, Windsor, CT 06095.

<i>SERFF Tracking Number:</i>	<i>VLIC-126748528</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>E-APP</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> CERTIFICATION OF COMPLIANCE.pdf CERTIFICATION OF READABILITY.pdf		
<b>Satisfied - Item:</b> Cover Letter <b>Comments:</b> <b>Attachment:</b> AR E-App Filing Letter.pdf		
<b>Satisfied - Item:</b> Electronic Application Process <b>Comments:</b> A brief summary of the Company's electronic application process <b>Attachment:</b> Consumer E.pdf		
<b>Satisfied - Item:</b> Sample Policy <b>Comments:</b> Sample copy of the previously approved policy with which form CMP 6004-C will be used. <b>Attachment:</b> 50SI10.pdf		

SERFF Tracking Number:	VLIC-126748528	State:	Arkansas
Filing Company:	VantisLife Insurance Company	State Tracking Number:	46378
Company Tracking Number:			
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name:	E-APP		
Project Name/Number:	/		

**Item Status:****Status****Date:****Satisfied - Item:** Fraud Notice**Comments:**

sample copy of previously approved Fraud Notice that will be attached to and made part of the application

**Attachment:**

Fraud Language June 2010.pdf



**CERTIFICATION OF COMPLIANCE**

**STATE OF ARKANSAS**

**COMPANY NAME:** VantisLife Insurance Company

**FORM NUMBER:** CMP 6004-C

**FORM DESCRIPTION:** Electronic Application

I hereby certify, that the forms submitted herewith, comply with all laws, rules, bulletins and published guidelines applicable to the particular type of form.

---

Diane A. Maestrone, ALHC  
AVP, Claims and Compliance

August 2, 2010

Date



**CERTIFICATION OF READABILITY**

**STATE OF ARKANSAS**

**COMPANY NAME:** VantisLife Insurance Company

**FORM NUMBER:** CMP 6004-C

**FORM DESCRIPTION:** Electronic Application

I hereby certify that these forms meet the Flesch minimum reading ease test scores.

When combined with the forms with which it will be used, the readability flesch score for CMP 6004-C is 57.6.

---

Diane A. Mastrone, ALHC  
AVP, Claims and Compliance

August 2, 2010  
Date



August 2, 2010

Arkansas Insurance Department  
Life & Health Division  
1200 West Third Street  
Little Rock, AR 72201

Re:

NAIC # 68632  
Form Filing  
CMP 6004-C: Electronic Application

Dear Sirs:

The above referenced form is being submitted for your approval.

Form CMP 6004-C is an individual Term Life application used to apply for the Company's Simplified Issue Term Life Insurance Policy when no agent is involved in the sale.

The application will be used by the Company either through paper or electronic format depending upon the sales channel being utilized by the customer. The questions answered by the applicant will be the same regardless of whether the application is completed in paper or electronic format. Please see the Consumer E-Application Process document attached hereto for additional information regarding the Company's procedures.

Form CMP 6004-C is substantially similar to form APP 2884A, which was approved August 2006, with the exception of the removal of all reference to an Agent and the insertion of additional medical questions posed to the applicant.

Form CMP 6004-C is intended for use with form CMP 0309 AL, which was approved on June 10, 2008, state tracking number 39223.

Form CMP 6004-C will not replace any previously approved form.

If you have any questions, please feel free to call me at 860-298-5448 or email me at [lconti@vantislife.com](mailto:lconti@vantislife.com).

Sincerely,

A handwritten signature in dark ink, appearing to read "Lisa Conti", is written over a horizontal line.

Lisa Conti, AIRC, AIAA, PCS  
Compliance Specialist

## Vantis Life Consumer E-app Process

The Consumer e-app process has been designed to work for consumers to apply for insurance on-line without the assistance of an Agent. This system is internet based and allows applicants to quote, answer questions and electronically fill out a PDF application for submission to Vantis Life Insurance Company.

The client either clicks on our website or is directed to our website from a referral website (such as one of our business partners...a bank, a credit union etc.). From that point the client is asked some preliminary data for purposes of Vantis Life being able to quote insurance for them. If they want to proceed with an application, they would authenticate through a software system that creates an ID and password and proceed to a questionnaire which guides them through the application.

The end result is a completed application that can be electronically signed by the applicant, payment can also be received through an on line credit card process, and submitted electronically to the Vantis Life new business system.

As part of this Consumer E-app process the following components are included:

**Electronic Signature** Vantis Life will gather electronic signatures from the applicant as part of this process. This will include the applicant agreeing to required disclosures needed for E-sig processing. We will gather one E-sig for all signing's required for the application. As the E-sig is the last component to the Consumer E-app process, the applicant will have the ability to review all data in completed PDF format before E-signing and submitting their application.

**XML mapping of information** All information to questions asked as part of the application questionnaire are specifically mapped to an appropriate area on the application (PDF). This ensure complete and accurate mapping of all information.

**Data Security** This application conforms to all standards of the Vantis Life Data Security Program and includes maintaining customer data privacy. All information entered by the user is protected by Verisign 128 bit SSL encryption. Any transfer of personal information done is either through SSL or secure VPN connection and is never shared with outside parties.

**Personal Identity** Vantis Life ensures the identity of the applicant due to the nature of the questions asked as part of this Consumer E-app process, specifically questions that the user answers that only the applicant knows as well as additional steps taken by the company to maintain insurable interest .



**VANTISLIFE INSURANCE COMPANY**  
**200 Day Hill Road**  
**Windsor, CT 06095**

In the Policy the Owner is referred to as “You” or “Your”; VantisLife Insurance Company is referred to as “We”, “Our”, or “Us”.

**This is a legal contract between You and Us. Please read it carefully.**

**This policy provides term insurance to age 85. The premiums are level for 10 years. Premiums will increase annually thereafter.**

We agree to pay the Beneficiary the Amount of insurance and any other Policy proceeds payable due to the Insured’s death if the Insured dies before the Termination Date while this Policy is in force. Payment will be due upon receipt at our Home Office of due proof of the Insured’s death. This agreement is subject to the terms of the Policy.

**Consideration**-This Policy is issued in consideration of the application and payment of the first premium. While the Insured is alive premiums must be paid as described in the Schedule of Policy Premiums until the Termination Date.

**TEN-DAY RIGHT TO EXAMINE POLICY** – It is important to Us that You are satisfied with the Policy and that it meets Your insurance goals. Read it carefully. If you are not satisfied with it You may return it to Our Home Office or to Your agent within 10 days after you receive it. We will then cancel it as of the Issue Date and refund any premiums which have been paid, **plus interest at the rate required by law in the state in which the policy is issued**. This right to examine is extended to 30 days if a replacement of existing insurance is involved.

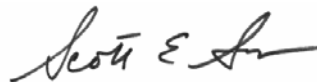
**Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**

To obtain information or to make further inquiries regarding the contract, You may call Us at 866-826-8471.

Signed for VantisLife Insurance Company at its Home Office, 200 Day Hill Road, Windsor, CT 06095.



Peter L. Tedone, President and CEO



Scott E. Smith, Sr. Vice President

**TERM LIFE INSURANCE**

Premiums Payable as Shown on the Schedule Page

**Non-Participating**

Non-Level

Renewable as described herein

Convertible as described herein

## GUIDE TO POLICY PROVISIONS

### Policy Face Page

### Ten Day Right to Examine Policy

#### Section

1	Definitions
2	Policy Proceeds
3	General Provisions
3.1	Contract
3.11	Entire Contract
3.12	Changes to Contract
3.13	Incontestability
3.14	Suicide
3.15	Misstatement of Age or Sex
3.16	Clerical Error
3.2	Premiums and Reinstatement
3.21	Payment of Premiums
3.22	Grace Period
3.23	Reinstatement
3.3	Ownership and Beneficiary
3.31	Owner's Rights
3.32	Change of Owner or Contingent Owner
3.33	Assignment
3.34	Beneficiary
3.35	Change of Beneficiary
3.4	Termination
3.41	Termination Date
4	Conversion Privilege
4.1	Conversion Period
4.11	How to Convert this Policy
4.12	Terms of the New Policy

The Schedule Page and Schedule of Policy Premiums appear immediately preceding the Guide to Policy Provisions.

A copy of the application and any Riders are attached.

## SECTION 1: DEFINITIONS

The following are key words used in this Policy. They are important in describing both Your rights and Ours. When they are used, they are capitalized. As You read through Your Policy, refer back to these definitions.

**Assign** - means to transfer Your rights as the Owner of this Policy. If You transfer all of Your rights irrevocably, the Assignment is absolute. If You transfer all or some of Your rights as the Owner of this Policy as security for a loan, but on the condition that they return to You once the debt is paid, then the assignment is collateral. Details are in Section 3.33.

**Beneficiary** - is the payee of the Policy proceeds at the time of the Insured's death.

**Conversion Period** - is the period during which You may convert this Policy to another plan of insurance. Details are found in Section 4.1.

**Grace Period** - is the period after a Premium Due Date during which We will accept premiums without any change to Your benefits. Details are found in Section 3.22.

**Insured** - is the person shown on the Schedule Page as the person upon whose life insurance is provided by this Policy.

**Insured's Issue Age on Issue Date** - Is the Insured's age on his nearest birthday to the Issue Date.

**Issue Age** - is the Insured's age on his nearest birthday.

**Issue Date** - is the date shown on the Schedule Page on which this Policy is issued and the insurance coverage becomes effective

**Home Office** - is Our office at 200 Day Hill Road, Windsor, CT 06095

**Mode of Premium Payment** - is how premiums are to be paid, which may be annually, semiannually, quarterly or monthly.

**Owner** - is the person who may exercise the rights as listed in Section 3.31.

**Policy** - is this Policy, including the Schedule Page, the Schedule of Policy Premiums, and any attached Riders or attached endorsements.

**Policy Anniversary** - is the same day and month as the Issue Date for each year the Policy is in force.

**Policy Month(s) and Policy Year(s)** - refers to the month(s) and year(s) during which this Policy is in force. Policy Month(s) and Policy Year(s) are measured from the Issue Date.

**Premium Due Date** - is the date by which premiums, other than the first, must be paid. If the annual Mode of Premium payment is chosen, the Premium Due Dates are the Policy Anniversaries. If the monthly, quarterly, or semi-annual mode of premium payment is chosen, the Premium Due Dates are, respectively, every 1 month, every 3 months or every 6 months from the Issue Date. The first Premium Due Date is measured from the Issue Date. All following Premium Due Dates are measured from the immediately preceding Premium Due Date.

**Rider** - is a form which amends the Policy or which provides additional benefits. When a Rider is attached to the Policy it is a part of the Policy and it is subject to all the terms of the Policy unless We state otherwise in the Rider.

**Schedule Page** - is the page which identifies the Servicer, the Insured, the Issue Date, Mode of Premium Payment selected by the Owner, and the term of this Policy.

**Servicer** - is the party shown on the Schedule Page as the Servicer of this Policy or Us if no Servicer is shown.

**Supplementary Benefit** - is a benefit provided by a Rider and is in addition to the other benefits of the Policy.

**Termination Date** - is the date on which the insurance coverage under this Policy ends. Details are found in Section 3.41.

**Written Notice** - means a written form satisfactory to Us and which must be received by Us at Our Home Office.

## **SECTION 2: POLICY PROCEEDS**

If the Insured dies while this Policy is in force, We will pay the proceeds to the Beneficiary after We receive at Our Home Office due proof of the Insured's death.

The Policy proceeds include:

1. The Amount of Insurance in effect on the Insured's life;
2. Any benefits under a Rider providing proceeds which are payable on the Insured's death; and
3. An amount equal to the premium already paid to Us for each Policy Month following the Policy Month of the Insured's death. (However, We will not pay this amount if We are waiving premiums for this Policy.)

4. Payment of interest, at the rate of 8%, beginning not less than 30 days after the Insured's date of death.

If the Insured dies during the Grace Period, We will deduct the unpaid premium for the Policy Month in which the Insured dies from the Policy proceeds.

Any payment is subject to the terms of this Policy and will be made as a lump sum payment.

The Policy proceeds will be exempt from the claims of creditors and from legal process to the extent the law permits.

### SECTION 3: GENERAL PROVISIONS

#### 3.1: CONTRACT

- 3.11: ENTIRE CONTRACT** - The entire contract between You and Us consists of this Policy, including the endorsements and the attached written application. All statements made in the written application are, in the absence of fraud, representations and not warranties. We will not use any statement made by the Insured or on his behalf to challenge a claim under this Policy unless it is contained in the written application.

Any Rider attached to this Policy is a part of the Policy and is subject to its terms unless We state otherwise in the Rider.

- 3.12: CHANGES TO CONTRACT** - No one has the right to change any part of this Policy or to waive any of its provisions unless the change is approved in writing by Us and signed by one of our officers.

- 3.13: INCONTESTABILITY** - We cannot contest this Policy, except for non-payment of Premiums: 1) after it has been in force during the Insured's lifetime for 2 years from the Issue Date or; 2) if reinstated, the date of reinstatement.

Reinstatements may be contested only with respect to material misstatements made in the application for reinstatement.

- 3.14: SUICIDE** - If the Insured commits suicide while sane or insane within 2 years from the Issue Date, Our liability is limited to an amount equal to the total premiums paid. We will pay this amount to the Beneficiary in one sum.

- 3.15: MISSTATEMENT OF AGE OR SEX** - If the age or sex of the Insured has been misstated, We will adjust the Policy proceeds to the amount which the premiums paid would have purchased at the correct age or sex of the Insured.

- 3.16: CLERICAL ERROR** - Any clerical error made by Us or the Servicer will be corrected upon its discovery. If the error reduced, impaired, or terminated Your benefits or rights

under this Policy and should not have, it will be corrected back to the date of the error. If the error should have reduced, impaired, or terminated any benefit or right under this Policy, the appropriate adjustment will be made. We will notify You of any effect on the Policy as soon as it is discovered.

### **3.2: PREMIUMS AND REINSTATEMENT**

**3.21: PAYMENT OF PREMIUMS** - Each premium, other than the first, must be paid on or before its Premium Due Date. Premiums are payable at either Our Home Office or that of the Servicer named on the Schedule Page. Premiums must be paid at the rates and modes shown in the Schedule of Policy Premiums. If you want to change the Mode of Premium Payment, We must receive written notice from You.

**3.22: GRACE PERIOD** - Any premium, other than the first, which is not paid by its Premium Due Date, may be paid while the Insured is living within a Grace Period of 31 days after its Premium Due Date. Your Policy stays in force during the Grace Period. If the Insured dies during a Grace Period, we will deduct the unpaid premium due for the Policy Month in which the Insured dies, from the Policy proceeds.

**3.23: REINSTATEMENT** - To reinstate means to restore coverage. When a premium is not paid and the Policy has terminated, the Policy may be reinstated:

- within 31 days after the end of the grace period for the unpaid premium. This can only be done the first time a premium has not been paid when due. We require a reinstatement application to be signed by You.
- within 3 years after the end of the grace period for the unpaid premium. We require a reinstatement application signed by the Insured and the Owner. We also require proof satisfactory to Us that the Insured is insurable.

In either case, all overdue premiums must be paid with 6% compounded yearly interest. This Policy cannot be reinstated after the Insured has died.

### **3.3: OWNERSHIP AND BENEFICIARY**

**3.31: OWNER'S RIGHTS** - The Owner may be the person insured, or another person or party. While the Insured is living You can:

- receive any Policy benefits or values; and
- exercise any right given by the Policy or by Us.

If You die while the Insured is alive, the Contingent Owner, if any, will become the Owner. If there is no contingent Owner, ownership will pass to the Insured.

**3.32: CHANGE OF OWNER OR CONTINGENT OWNER** - On the Issue Date the Owner and any Contingent Owner are as designated in the application. You may designate, change or revoke a Contingent Owner. We must receive Written Notice informing Us of

the designation, change or revocation. Upon receipt, a designation, change or revocation will take effect as of the date the Written Notice was signed. However, We are not liable for any payment that may have been made by Us before We record the Written Notice.

**3.33: ASSIGNMENT** - You may Assign this Policy. We are not liable for any payment made by Us before We record the Assignment. We take no responsibility for the validity of any Assignment. An Assignment will not change or revoke the Beneficiary designation in effect at the time the Assignment is made. If an Assignment is absolute, Your rights, including any right to change the Beneficiary, vest in the Assignee. If an Assignment is collateral, the collateral Assignee has priority over the interest of any revocable Beneficiary.

**3.34: BENEFICIARY** - A beneficiary is revocable unless otherwise stated in the Beneficiary designation.

**3.35: CHANGE OF BENEFICIARY** - On the Issue Date the Beneficiary is as stated in the application. You may change a revocable Beneficiary. We must receive Written Notice informing Us of the change. Upon receipt, a change takes effect as of the date the Written Notice was signed. However, We are not liable for any payment that may have been made by Us before We record the Written Notice.

### **3.4: TERMINATION**

**3.41: TERMINATION DATE** - This Policy will automatically terminate on the earliest of:

- a. The Policy Anniversary nearest the Insured's 85th birthday.
- b. The 32nd day after a premium is due and not paid.
- c. The date We receive Written Notice from You to discontinue the Policy.
- d. The date You convert this Policy in accordance with Section 4. Except, if any portion of this Policy remains in effect, we will endorse this Policy to reflect the new Amount of Insurance.

## **SECTION 4: CONVERSION PRIVILEGE**

You may convert up to the Amount of Insurance of this Policy without evidence of insurability, to any permanent life insurance policy then available from Us for conversion, subject to the terms listed below.

**4.1: CONVERSION PERIOD** - You may convert this Policy while it is in force anytime prior to the earlier of:

- the 5 years before the end of the level term period as shown on the Schedule Page; or
- the Policy Anniversary following the Insured's 65th birthday.

**4.11: HOW TO CONVERT THIS POLICY** - We must receive all of the items below:

1. Written Notice that You wish to convert.
2. The first premium for the conversion policy.
3. This Policy.

We will issue the conversion policy after We receive these items. The conversion date is the Issue Date of the conversion policy. Unless we are waiving premiums for this Policy, we will refund any portion of premium paid for coverage under this Policy which extends past the conversion date. Any person to whom this Policy has been transferred as collateral security must consent.

**4.12: TERMS OF THE CONVERSION POLICY** - The conversion policy will be issued subject to these terms:

1. The conversion policy will be issued at the underwriting class that is then available for the plan of insurance being applied for, which reflects the risk classification of the Insured on the Issue Date of this Policy.
2. Its effective date will be its Issue Date.
3. Its Issue Date will be the same as the conversion date.
4. The Insured's Issue Age will be the Insured's age on the conversion date.
5. It will be issued on the form and at the premium rate We are using on the conversion date.
6. It will be subject to any Assignment of this Policy recorded at Our Home Office.
7. If this Policy includes an Accidental Death Benefit Rider in force on the conversion date, then the conversion policy may include such a Rider, if available. The new Rider will be issued on the form We are issuing on the conversion date.
8. Except as stated in No. 7 above, a Supplementary Benefit may be included on the conversion policy only with Our consent.
9. The conversion policy will be amended so that the time limit specified in the Incontestability and Suicide Provisions of the conversion policy will be measured from the same date as this Policy.





**For residents of AR, IA, IL, OH, MA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact materials thereto commits a fraudulent insurance act, which is a crime.

**For residents of AK:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law

**For residents of AZ:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**For residents of CA:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**For residents of CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**For residents of DE, ID:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**For residents of IN:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**For residents of FL, KY, TX:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, or incomplete or misleading information is guilty of a felony of the third degree.

**For residents of DC, LA, RI:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For residents of MD:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

**For residents of MN:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**For residents of ND, TN, WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefit.

**For residents of ME:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefit.

**For residents of NH:** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.”

**For residents of NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For residents of NM:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information for payment of a loss or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and prison.

**For residents of NY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**For residents of OK:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**For residents of PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject such person to criminal and civil penalties.